

**OFFICE OF JUVENILE JUSTICE**  
**USE OF PHYSICAL INTERVENTION / MECHANICAL RESTRAINT / FLEX CUFF REPORT**  
☐ BCCY    ☐ JCY    ☐ SCY

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ AM/PM

Location of Incident: \_\_\_\_\_

TYPE OF INCIDENT (Check One)							
<input type="checkbox"/> Staff-on-Youth		<input type="checkbox"/> Youth-on-Youth			<input type="checkbox"/> Youth-on-Staff		
PHYSICAL INTERVENTION <u>USED ON</u> THE FOLLOWING YOUTH (If more than 3 youth, use separate sheet)							
Youth's Name & JETS #	Type of Intervention (Check all that apply)	Restraint Applied Time (AM/PM)	Restraint Applied By: (Name/Title)	Restraint Removed At: Time (AM/PM)	Duration of Mechanical Restraint Usage	Restraint Removed By: (Name/Title)	One-on-One Supervision * Name/Title
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical	<input type="checkbox"/> AM  <input type="checkbox"/> PM		<input type="checkbox"/> AM  <input type="checkbox"/> PM	<input type="checkbox"/> less than 30 minutes <input type="checkbox"/> 30 minutes or longer		
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical				<input type="checkbox"/> less than 30 minutes <input type="checkbox"/> 30 minutes or longer		
	<input type="checkbox"/> Mechanical <input type="checkbox"/> Leg Irons * <input type="checkbox"/> Handcuff Belt <input type="checkbox"/> Handcuffs <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Physical				<input type="checkbox"/> less than 30 minutes <input type="checkbox"/> 30 minutes or longer		
If handcuff belt was not utilized - was youth cuffed behind the back?  <input type="checkbox"/> YES <input type="checkbox"/> NO		Time of Approval from Facility Director/Deputy Director/Assistant Director PRIOR to the use of Mechanical Restraints: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM  Time Facility Director Notified of approval provided by Deputy Assistant Secretary/Facilities: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM  Time Facility Director Notified of removal of Mechanical Restraints _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM					
If leg irons were utilized - was youth provided one-on-one supervision?  <input type="checkbox"/> YES <input type="checkbox"/> NO		Time of Approval from Deputy Assistant Secretary/Facilities PRIOR to the use of Mechanical Restraints: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM  Time of Approval from Deputy Assistant Secretary/Facilities for use of Mechanical Restraints <u>longer than 30 minutes</u> : _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM  Time of Notification to Deputy Assistant Secretary/Facilities of <u>removal of 30 minute or longer</u> restraint use: _____ <input type="checkbox"/> AM / <input type="checkbox"/> PM					
<u>OTHER YOUTH</u> INVOLVED IN THE INCIDENT (If more than 9 youth, use separate sheet)							
1.	JETS #	4.	JETS #	7.	JETS #		
2.	JETS #	5.	JETS #	8.	JETS #		
3.	JETS #	6.	JETS #	9.	JETS #		
PHYSICAL INTERVENTION <u>USED BY</u> THE FOLLOWING STAFF (if more than 4 staff, use separate sheet)							
			(Name/Title)	(Name/Title)			
			(Name/Title)	(Name/Title)			

# MECHANICAL RESTRAINT / FLEX CUFF AUTHORIZATION FOR USE

Authorized By:  (Name/Title)		Time of authorization:  (AM/PM)
<b><u>OTHER STAFF INVOLVED</u> (Name/Title)</b>		
1.	4.	7.
2.	5.	8.
3.	6.	9.
CIRCUMSTANCE AND JUSTIFICATION FOR <u>USE OF PHYSICAL INTERVENTION</u> : (Check all boxes that apply)		Was the use an EXCEPTION TO THE CONTINUUM? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> To prevent an escape;		<input type="checkbox"/> To prevent damage to property; and/or security systems or to recover a weapon;
<input type="checkbox"/> To prevent an act which could result in death or severe bodily harm to the youth or another person;		<input type="checkbox"/> To control a high profile incident such as a major group/unit disturbance which threatens the safety/security of the facility.
<input type="checkbox"/> To defend one's self or others against a physical assault;		
<input type="checkbox"/> To separate participants in an altercation;		<input type="checkbox"/> To enforce legal orders and instructions.

COMMENTS: \_\_\_\_\_

CIRCUMSTANCE AND JUSTIFICATION FOR <u>USE OF MECHANICAL RESTRAINTS / FLEX CUFFS</u> (Check all boxes that apply)	
<input type="checkbox"/> Youth poses a current escape risk;	<input type="checkbox"/> Youth involved in an altercation or other serious incident;
<input type="checkbox"/> Youth has engaged in a recent pattern of assaultive behavior toward staff or other youth;	<input type="checkbox"/> Less restrictive measures have not been successful and youth continues to engage in aggressive or assaultive behavior or presents a danger to himself, another youth, staff, or the security of the facility.

COMMENTS: \_\_\_\_\_

LESS RESTRICTIVE NON-PHYSICAL STEPS TAKEN TO MINIMIZE THE USE OF PHYSICAL INTERVENTION	
Check all steps taken to minimize the use of physical intervention / mechanical restraints / flex cuffs.	
<input type="checkbox"/> 1. Verbal request for compliance in a fair and respectful manner;	<input type="checkbox"/> 6. "Tap-out" of the staff member involved whose involvement has the potential for escalating or aggravating the incident.
<input type="checkbox"/> 2. Discussion/counseling with the youth in an attempt to de-escalate the situation;	
<input type="checkbox"/> 3. Continued dialogue in a firm non-threatening manner clearly instructing the youth to cease and comply;	<input type="checkbox"/> 7. Voluntary seclusion of youth into his own room; OR
<input type="checkbox"/> 4. Request for additional staff presence;	<input type="checkbox"/> 7. Staff removal of youth to other area within camera view, if permissible.
<input type="checkbox"/> 5. Removal of the youth from the immediate area;	<input type="checkbox"/> 8. Accommodations for special consideration youth were considered.
	<input type="checkbox"/> 9. Shift supervisor assumes control of the situation.

COMMENTS: \_\_\_\_\_

## YOUTH'S MENTAL ILLNESS / DEVELOPMENTALLY DISABLED INFORMATION (SMI/MR)

This section is to be completed if a youth involved has been assessed as being either mentally ill and/or developmentally disabled.

Youth's Name	JETS #	Information (Check box that applies)	Youth Assessed By: (Check all boxes that apply)	Youth Assessed at Scene?	Youth Assessed at Infirmary?	Youth Assessed at Other Location? (Specify)	Time of Assessment	Staff Assessment Conducted By: Name/Title
		<input type="checkbox"/> Mental Illness (SMI) <input type="checkbox"/> Dev. Disabled (MR)	<input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Counseling Staff					
		<input type="checkbox"/> Mental Illness (SMI) <input type="checkbox"/> Dev. Disabled (MR)	<input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Counseling Staff					

## YOUTH/STAFF DEBRIEFING/CIRCLE-UP INFORMATION

DID THE FOLLOWING TAKE PLACE	YES	NO	COMMENTS
Was a youth debriefing / circle-up conducted following the incident? (Circle what occurred)  Date: _____ Time: _____			Explain:
Was a staff debriefing conducted following the Incident by the FD/DD/AD?  Date: _____ Time: _____			Explain:

## COMPLETED REPORT CHECKLIST

ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	COMMENTS
Employee UOR Report(s)			
Youth Code of Conduct Report(s)			
Was youth placed in CIU or a Time Out Room?			
Did a youth debriefing / circle-up occur following the incident?			
Did a staff debriefing occur following the incident?			
Was the physical intervention use in compliance with YS Policy No. C.2.6 <input type="checkbox"/> YES <input type="checkbox"/> NO			

\_\_\_\_\_ AM / PM  
 STAFF SHIFT SUPERVISOR SIGNATURE / TITLE      PRINT NAME AND TITLE      DATE  
 TIME

COMMENTS: